

APPLICATION FOR SURROGATE APPOINTMENT

Instructions: Download form, complete all areas, save, and submit to ADE Surrogate Parent Coordinator by email to surrogateparents@azed.gov or by fax to (602) 364-0428.

SECTION 1: STUDENT INFORMATION

STUDENT NAME:	DOB:
SAIS NUMBER:	GRADE:
CUSTODIAL AGENCY:	
CONTACT NAME:	PHONE:
CONTACT ADDRESS: (STREET, CITY, STATE , ZIP CODE)	
REASON FOR SURROGATE REQUEST: (CHECK ONE ONLY)	
<input type="checkbox"/> no parent, as defined in 34 C.F.R. § 300.30, can be identified	
<input type="checkbox"/> the school cannot determine the parent's whereabouts after having made reasonable attempts	
<input type="checkbox"/> the child is a ward of the state, as defined in 20 U.S.C. § 1402(36), and no parent can be identified or the parent's whereabouts are unknown	
<input type="checkbox"/> the child is an unaccompanied youth as defined in the McKinney-Vento Homeless Assistance Act	
CURRENT SPECIAL EDUCATION STATUS: (CHECK ONE ONLY)	
<input type="checkbox"/> identified as student with possible disability, not yet evaluated	
<input type="checkbox"/> evaluated and eligible for services, not yet placed	Date found eligible:
<input type="checkbox"/> eligible student currently receiving services	Date of last IEP:

SECTION 2: LOCAL EDUCATION AGENCY INFORMATION

CHARTER OR DISTRICT NAME:	
REQUESTED SURROGATE:	PHONE:
SCHOOL CONTACT: (NAME AND TITLE)	PHONE:
_____ SIGNATURE	_____ DATE

----- ADE USE ONLY BELOW THIS LINE -----

DATE REQUEST RECEIVED:

DATE OF APPOINTMENT LETTER:

SURROGATE APPOINTED: